

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000000149

Entity Name: THE AUDIO ITCH OF TAMPA BAY, INC.

FILED
Dec 20, 2004
Secretary of State

Current Principal Place of Business:

908 DALE MABRY NORTH
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

908 DALE MABRY NORTH
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3159808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VON PUSCH, RITA
908 NO. DALE MABRY
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUSCH, DEAN V
Address: 908 NO. DALE MARBY
City-St-Zip: TAMPA, FL 33609

Title: V () Delete
Name: PUSCH, RITA V
Address: 908 NO. DALE MABRY
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VON PUSCH, DEAN
Address: 908 NO. DALE MARBY
City-St-Zip: TAMPA, FL 33609

Title: V (X) Change () Addition
Name: VON PUSCH, RITA
Address: 908 NO. DALE MABRY
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA VON PUSCH

VP

12/20/2004

Electronic Signature of Signing Officer or Director

Date